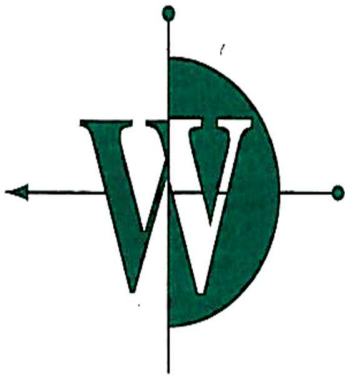


# 2015

## MENS “FALL” FLAG FOOTBALL LEAGUE APPLICATION



THE CITY OF  
**West Des Moines®**  
www.wdm-ia.com

### Parks and Recreation

4200 Mills Civic Parkway  
P.O. Box 65320  
West Des Moines, IA 50265-0320

Administration Office  
515-222-3444  
FAX 515-222-3459

Nature Lodge  
515-222-3424  
FAX 515-222-3658

Community Center  
515-222-3440  
Fax 515-222-3457

Park Maintenance  
515-222-3450

TDD/TTY 515-222-3334

E-mail [parkrec@wdm-ia.com](mailto:parkrec@wdm-ia.com)

The West Des Moines Parks and Recreation Department is now accepting applications for our upcoming Adult Flag Football Leagues. **League application, roster and fees are due on or before Tuesday, August 11, 4:00pm.** Applications, Rosters and Fees that are received in the mail must be postmarked before this deadline date.

**COME FEEL THE TURF**

All leagues are played at the beautiful Valley Stadium. This outstanding facility has the new synthetic turf which guarantees near perfect playing conditions every day.

| OFFICE ADDRESS  | MAILING ADDRESS  |
|---|--|
| West Des Moines Parks & Recreation<br>4200 George M. Mills Civic Parkway<br>West Des Moines, IA 50265<br>(515) 222-3444 FAX #: (515) 222-3459<br>Office hours: 8:00 am - 5:00 pm, Mon-Fri | City of West Des Moines<br>Parks & Recreation Department<br>P.O. Box 65320<br>West Des Moines, IA 50265<br>EMAIL: <a href="mailto:Kevin.Fitzgerald@wdm.iowa.org">Kevin.Fitzgerald@wdm.iowa.org</a> |

Check out our web site for more information at [www.wdm.iowa.gov](http://www.wdm.iowa.gov)

|                     |   |        |             |         |
|---------------------|---|--------|-------------|---------|
| <b>START DATES:</b> | Mens “A” League   | #14924 | *Tuesdays   | Sept. 1 |
|                     | Mens “B” League   | #14925 | *Tuesdays   | Sept. 1 |
|                     | Mens “B” League   | #14926 | *Wednesdays | Sept. 2 |
|                     | Mens “C” League   | #14927 | *Wednesdays | Sept. 2 |
|                     | <b>*Some Monday or Thursday games may be scheduled.</b> |        |             |         |

|                    |   |
|--------------------|---|
| <b>GAME TIMES:</b> | Approx. 6:15, 7:15, 8:15 or 9:15pm game times   |
| <b>LOCATION:</b>   | Valley Stadium (4440 George M. Mills Civic Parkway, WDM)  |
| <b>AGES:</b>       | Adults {18 & older, and High School graduate}   |
| <b>TEAM FEES:</b>  | \$480 Entry Fee, \$28.80 Sales Tax and \$6 per player Non-Resident fee.   |
| <b>FORMAT:</b>     | Seven (7) man teams will compete in a 7 game round-robin format. Playing field will be 45 yards long X 45 yards wide. “A” League is most competitive and “C” League is the least competitive. Eight (8) team maximum per league. Team trophies awarded to 1st & 2nd place in each league and League Champions will receive League Champ t-shirts. No goal post will be used, thus no field goals. |

|                   |  |
|-------------------|--|
| <b>EQUIPMENT:</b> | - All players are required to have the same colored shirts with numbers permanently screened on the back before the first game of the season.  |
|                   | - Teams/players must supply their own belts & flags. Two (2) Velcro or Ball-In-Socket flags which attach at the hips must be at least 2” wide and 16” long. All team flags must be the same color. |
|                   | - No elbow, hand, or forearm pads are allowed.   |
|                   | - No metal, metal tipped or hard plastic screw-in cleats allowed.  |
|                   | - Teams must supply their own football. (High School, College or Professionally approved balls are permitted.)   |

**DEADLINE:** Application, roster and fees due by **Tues., Aug. 11, 4:00 PM**

## **Adult Athletic League Acceptance Policy**

A team admission priority policy was adopted by the West Des Moines Recreation Department in 1992. It applies to all adult athletic leagues. The order of priority is as follows:

|          |                         |   |
|----------|-------------------------|---|
| FIRST ~  | <b>RETURNING TEAMS:</b> | Teams who participated in the league the previous season of the current year. (If applicable).  |
| SECOND ~ | <b>RETURNING TEAMS:</b> | Teams who participated in the league the previous year.   |
| THIRD ~  | <b>RETURNING TEAMS:</b> | Teams may be placed in another division at the Department's option in order to equalize the competition.  |
| FOURTH ~ | <b>NEW TEAMS:</b>       | Teams that did not participate in the league the previous season or year.   |
| FIFTH ~  | <b>LATE TEAMS:</b>      | Any team that does not meet the established deadlines set forth by the Department for applications, rosters and fees will be accepted at the Department's discretion. |

**IF MORE TEAMS APPLY THAN WE HAVE SPACE FOR, PRIORITY WILL BE GIVEN TO TEAMS WITH THE HIGHEST PERCENTAGE OF PLAYERS ON THEIR ROSTER RESIDING WITHIN THE CITY OF WEST DES MOINES IN ALL CASES.**

## **IMPORTANT INFORMATION !!!**

- ❖ An **EMAIL ADDRESS IS REQUIRED**. Primary League communications will now be conducted via email.
- ❖ Returning teams will be defined as having at least 51% of last years members on the roster. Returning teams from Summer 2015 leagues do not have to complete a new roster if (and only if) no changes to the roster are being made.
- ❖ Any falsification of rosters will result in an additional 25% penalty fee.
- ❖ We will accept applications, roster and fees through the mail, in person, by fax or by email if paying by Credit Card. Mailing address, office address, email address and fax # is listed on first page. Applications, rosters and fees that are mailed in or faxed must be postmarked by the deadline date in order to receive higher priority per below Acceptance Policy.
- ❖ If your team is accepted into the league, we will not refund fees that have been collected.
- ❖ **ABSOLUTELY NO** incomplete applications, rosters or fees will be accepted.
- ❖ The Department has the final say in all placement of teams and scheduling of games.
- ❖ Five (5) roster changes/deletions/additions can be made after applications are processed and your team is accepted. **Any changes/deletions/additions to the rosters will not be allowed until your team has been accepted. No refund or credit will be given for league entry fees once an application is accepted.**
- ❖ Rosters must have minimum of 10 players and maximum of 20 players. No player is allowed to play on more than one team.
- ❖ It is the Manager's responsibility to make sure that every player reads, understands and completes all information correctly on the team roster and/or Add-A-Player forms.
- ❖ All teams are required to have the same colored shirts with numbers screened on the back before the first game of the season.
- ❖ Managers will be notified of team acceptance approximately 2 weeks after deadline.

**DEADLINE IS TUESDAY, AUGUST 11, 4:00PM.**

# WEST DES MOINES PARKS AND RECREATION MENS FLAG FOOTBALL APPLICATION – FALL 2015

The following information needs to be completed and submitted at the time rosters and fees are turned into the Recreation Office. Please type or print all information legibly.

## 1. Current/New info. (Please print)

|  |  |
|--|--|
| Manager's name                           | Team name                                  |
| Mailing Address                          | City                      Zip Code         |
| Primary E-Mail Address <b>(REQUIRED)</b> | Secondary Email Address                    |
| Cell phone                               | Work phone                      Home phone |

## 2. Previous WDM Mens Flag Football Season Information (RETURNING WDM TEAMS ONLY)

|                |                                  |
|----------------|----------------------------------|
| Team Name      | Manager's Name                   |
| Name of League | Season                      Year |

## 3. List League desired:      1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_ 4th Choice \_\_\_\_\_ (Fill in 5 number program code listed by each league)                      (List only leagues in which your team will be able to attend)

## 4. Team has "returning status"? (at least 51% of last season's roster) \_\_\_\_\_

What % of this year's team is returning from last years? \_\_\_\_\_

Total number of players returning from last season's team? \_\_\_\_\_

## 5. Total number of players on roster (min. 10/max. 20)? \_\_\_\_\_

## 6. Total number of players who reside outside WDM City limits? \_\_\_\_\_

## 7. Fees Submitted:

|                   |                    |       |
|-------------------|--------------------|-------|
| Team Entry Fee    | -\$480.00          | _____ |
| 6% Sales Tax      | -\$28.80           | _____ |
| Non-resident Fees | -\$6.00 per player | _____ |
| TOTAL FEES PAID   |                    | _____ |

**DEADLINE IS TUESDAY, AUGUST 11, 4:00PM.**

=====

|                      |                     |                   |                      |                     |
|----------------------|---------------------|-------------------|----------------------|---------------------|
| For office use only: | Date Received _____ | Received By _____ | Fees Collected _____ | Date Inputted _____ |
|                      | Time Received _____ | Check From _____  | Check # _____        | Inputted By _____   |

### **Credit Card Info**

|                  |                    |                    |
|------------------|--------------------|--------------------|
| Mastercard _____ | Credit Card Number | 3 digit security # |
| Visa _____       | Printed Name       | Signature          |
| Discover _____   |                    | Exp. Date          |

***DEBIT CARDS NOT ALLOWED***

**WEST DES MOINES PARKS AND RECREATION DEPARTMENT**  
**Official Mens Flag Football Team Roster**

NAME OF TEAM \_\_\_\_\_ LEAGUE \_\_\_\_\_

NAME OF MANAGER(print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PRIMARY EMAIL \_\_\_\_\_ SECONDARY EMAIL \_\_\_\_\_

(Managers name must be listed below if playing on the team)

**\*\*\* READ BEFORE SIGNING ROSTER \*\*\***

In consideration of being allowed to participate in the activities and programs of the City of West Des Moines Parks and Recreation Department, and to use its facilities, equipment or machinery, I, being of legal age, do hereby assume full responsibility for any risk, and waive, release, and forever discharge the City of West Des Moines, its officials and officers, employees, agents and representatives, from any and all liability claims, causes of action, demands, and expenses of every kind which may arise out of or relate to my participation in the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full and complete, and includes all injuries, damages, losses, known or unknown, which may hereafter develop as related to or arising out of the activity which is the subject matter of this executed form.

**Photographic Release:** Participants do hereby grant and convey unto the City all right, title, and interest in any and all photographic images and video or audio recordings made by the City during the Participant's Activities with the City, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

It is understood that all participants agree to abide by all applicable local, state, and federal laws, rules, and regulations, and that any participants in violation of any such laws, rules, and regulations, may be removed from the premises and/or banned from participation without prior notice.

**MINIMUM OF 10 AND MAXIMUM OF 20 PLAYER ON ROSTER**

**Please place asterisk (\*) next to "Returning Players"**

1. \_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Returning Current Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

2. \_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Returning Current Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

3. \_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Returning Current Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

4. \_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Returning Current Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

5. \_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Returning Current Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

6. \_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Returning Current Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

7. \_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Returning Current Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

8. \_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Returning Current Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

9. \_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Returning Current Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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**MINIMUM OF 10 AND MAXIMUM OF 20 PLAYER ON ROSTER**

|           |                           |                |            |
|-----------|---------------------------|----------------|------------|
| 10.____   | Name (print)_____         | Signature_____ |            |
| Returning | Current Home Address_____ |                |            |
|           | Zip Code_____             | Phone_____     | Email_____ |
| 11.____   | Name (print)_____         | Signature_____ |            |
| Returning | Current Home Address_____ |                |            |
|           | Zip Code_____             | Phone_____     | Email_____ |
| 12.____   | Name (print)_____         | Signature_____ |            |
| Returning | Current Home Address_____ |                |            |
|           | Zip Code_____             | Phone_____     | Email_____ |
| 13.____   | Name (print)_____         | Signature_____ |            |
| Returning | Current Home Address_____ |                |            |
|           | Zip Code_____             | Phone_____     | Email_____ |
| 14.____   | Name (print)_____         | Signature_____ |            |
| Returning | Current Home Address_____ |                |            |
|           | Zip Code_____             | Phone_____     | Email_____ |
| 15.____   | Name (print)_____         | Signature_____ |            |
| Returning | Current Home Address_____ |                |            |
|           | Zip Code_____             | Phone_____     | Email_____ |
| 16.____   | Name (print)_____         | Signature_____ |            |
| Returning | Current Home Address_____ |                |            |
|           | Zip Code_____             | Phone_____     | Email_____ |
| 17.____   | Name (print)_____         | Signature_____ |            |
| Returning | Current Home Address_____ |                |            |
|           | Zip Code_____             | Phone_____     | Email_____ |
| 18.____   | Name (print)_____         | Signature_____ |            |
| Returning | Current Home Address_____ |                |            |
|           | Zip Code_____             | Phone_____     | Email_____ |
| 19.____   | Name (print)_____         | Signature_____ |            |
| Returning | Current Home Address_____ |                |            |
|           | Zip Code_____             | Phone_____     | Email_____ |
| 20.____   | Name (print)_____         | Signature_____ |            |
| Returning | Current Home Address_____ |                |            |
|           | Zip Code_____             | Phone_____     | Email_____ |